

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

In re:	:	Case No. 19-57186-SMS
	:	
CLARKE'S TOWING &	:	
TRANSPORTATION SERVICE, INC.,	:	Chapter 11
	:	
Debtor.	:	
	:	

DEBTOR'S PERIODIC FINANCIAL REPORT
for the period
MAY 6, 2019 through MAY 31, 2019

Comes now the above-named Debtor and files its Periodic Financial Report in accordance with the Guidelines established by the United States Trustee and Bankruptcy Rule 2015.

Reviewed as to form by,
PAUL REECE MARR, P.C.
Attorneys for Debtor

/s/ Paul Reece Marr
Paul Reece Marr
Georgia Bar No. 471230
Suite 960
300 Galleria Parkway, N.W.
Atlanta, GA 30339
770-984-2255

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

In re: : Case No. 19-57186-SMS
:
CLARKE'S TOWING & :
TRANSPORTATION SERVICE, INC., : Chapter 11
:
Debtor. :
_____ :

CERTIFICATE OF SERVICE

This is to certify that I have on this day electronically filed the foregoing "PERIODIC FINANCIAL REPORT" using the Bankruptcy Court's Electronic Case Filing program, which sends a notice of this document and an accompanying link to this document to the following parties who have appeared in this case under the Bankruptcy Court's Electronic Case filing program:

- Thomas Wayne Dworschak thomas.w.dworschak@usdoj.gov,
lisa.maness@usdoj.gov;ltctommyd@aol.com
- Kevin D. Fitzpatrick kevin.fitzpatrick@dcbflegal.com,
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- Lindsay P. S. Kolba lindsay.p.kolba@usdoj.gov,
lisa.maness@usdoj.gov
- James W. Martin james@hpmlawatl.com,
natalie@hpmlawatl.com
- A. Christian Wilson cwilson@simplawatlanta.com,
sscheu@simplawatlanta.com

This the 3rd day of July, 2019.

/s/ Paul Reece Marr
Paul Reece Marr
GA Bar No. 471230

Paul Reece Marr, P.C.
Suite 960
300 Galleria Parkway, NW
Atlanta, Georgia 30339
770-984-2255

Fill in this information to identify the case:

Debtor Name Clarke's Towing & Transportation Service, Inc.

United States Bankruptcy Court for the: Northern District of Georgia

Case number: 19-57186-SMS

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: May

Date report filed:

7/2/2019
MM / DD / YYYY

Line of business: Towing, motor vehicle

NAISC code:

488410

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party:

Henry Clarke

Original signature of responsible party

Henry Clarke

Printed name of responsible party

Henry Clarke

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

	Yes	No	N/A
If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.			
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.			
10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

17. Have you paid any bills you owed before you filed bankruptcy? ☒ ☐ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 244.53

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 2,463.19

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 1,954.37

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 508.82

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 0

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 0

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables
(Exhibit F)

\$ 0

5. Employees

26. What was the number of employees when the case was filed?
27. What is the number of employees as of the date of this monthly report?

2
2

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?
30. How much have you paid this month in other professional fees?
31. How much have you paid in total other professional fees since filing the case?

\$ 0
\$ 0
\$ 0
\$ 0

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A	Column B	Column C
	Projected	Actual	Difference
	Copy lines 35-37 from the previous month's report.	Copy lines 20-22 of this report.	Subtract Column B from Column A.
32. Cash receipts	\$ <u>0</u>	\$ <u>2,463.19</u>	= \$ <u>2,463.19</u>
33. Cash disbursements	\$ <u>0</u>	\$ <u>1,954.37</u>	= \$ <u>1,954.37</u>
34. Net cash flow	\$ <u>0</u>	\$ <u>508.82</u>	= \$ <u>508.82</u>
35. Total projected cash receipts for the next month:			\$ <u>2,500</u>
36. Total projected cash disbursements for the next month:			= \$ <u>2,300</u>
37. Total projected net cash flow for the next month:			= \$ <u>200</u>

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☒ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Questionnaire Answers (No)

3. Have you paid all of your bills on time?

Water bill was not paid for last 2 months and will be paid today.

4. Did you pay your employees on time?

We are not making enough to pay Henry Clarke who is the president of the company. We will be able to pay him and other workers once the AAA contract goes through.

5. Have you deposited all of the receipts for your business into debtor in possession(DIP) accounts?

We didn't get the debtor in possession account until later in the month.

6. Have you timely filed your tax returns and paid all of your taxes?

We are not able to pay our taxes due to not having the income.

Questionnaire Answers – Exhibit B

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

We had leasing equipment and merchant services fees that cleared the account earlier in the month .

Account 9381

Starting Balance -244.53

Ending Balance 0

Date	Payee	Deposits
6-May	Deposit	309.58
7-May	Deposit	28.25
7-May	Merchant Services	150
15-May	Merchant Services	288
17-May	Deposit	500
22-May	Merchant Services	165
24-May	Deposit	36.31
24-May	Deposit	200
28-May	ATM Deposit	80
28-May	Merchant Services	140
Total		1897.14

Account 9193

Starting Balance 0

Ending Balance 183.6

Date	Payee	Deposits
29-May	Deposit	416.05
31-May	Deposit	150
Total		566.05

Grand Total 2463.19

Cash Disbursements

Date	Payee	Other Debts	Purpose
5/14/2019	Unknown	100	Unknown
5/22/2019	Unknown	440	Unknown
TOTAL		540.00	

Date	Payee	Fees	Purpose
5/6/2019	Merchant Service Merch Adj	86.38	Credit Card Machine's Fee
5/6/2019	Merchant Service Merch Adj	20	Credit Card Machine's Fee
5/24/2019	Paid Overdraft Item Fee	36	Paid Overdraft Item Fee
TOTAL		142.38	

Date	Payee	Office	Purpose
5/10/2019	Fed Ex	1.08	Printing
5/31/2019		1.44	Post office/ Stamps
Total		2.52	

Date	Payee	Diesel Expense	Purpose
5/8/2019	QT	60.02	Diesel Expense
5/13/2019	Racetrac	40.40	Diesel Expense
5/14/2019	QT	63.2	Diesel Expense
5/16/2019	Kroger	40.06	Diesel Expense
5/20/2019	Kroger	47.01	Diesel Expense
5/20/2019	Kroger	46.00	Diesel Expense
5/21/2019	QT	15.40	Diesel Expense
5/22/2019	Kroger	31	Diesel Expense
5/24/2019	QT	43	Diesel Expense
5/24/2019	QT	33.9	Diesel Expense
5/27/2019	Receipt/	40.00	Diesel Expense
5/28/2019	QT	5.36	Diesel Expense
5/28/2019	Kroger	30.00	Diesel Expense
5/30/2019	Receipt/	30.00	Diesel Expense
5/31/2019	QT	28.10	Diesel Expense
5/31/2019	QT	68.08	Diesel Expense
Total		621.53	

Date	Payee	Repairs	Purpose
5/16/2019	Capital Buick	31.14	Cable for Truck
5/22/2019	Audio Lab of GE	45.94	Speaker Installation
5/22/2019	Batteries Plus	29.66	Light bulb replacement for Tru
5/23/2019	Guitar Center	33.91	Personal Expense
5/31/2019	Great American	32.2	Oil for trucks
Total		172.85	

Date	Payee	Equipment Rental	Purpose
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5/30/2019	Penske Truck	254.07	Moving furniture from storage
Total		254.07	

Date	Payee	Meals	Purpose
5/13/2019	Popeye's	8.42	Personal Expense
5/17/2019	Rjab Wings	13.77	Personal Expense
5/17/2019	KFC	5.3	Personal Expense
5/20/2019	Waffle House	36.28	Attempt to get more drivers
5/22/2019	Jimmy Johns	22.19	Attempt to get more drivers
5/23/2019	KFC	41.33	Attempt to get more drivers
5/24/2019	Golden Krust	93.73	Attempt to get more drivers
Total		221.02	

Grand Total		1,954.37	
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Regions Bank
 Vinings Smyrna
 1650 Cumberland Parkway SE
 Smyrna, GA 30080

CLARKES TOWING & TRANSPORTATION
 DEBTOR IN POSSESSION
 748 SAN FERNANDO DR SE
 SMYRNA GA 30080-1438

ACCOUNT # [REDACTED] 9193

Cycle 060
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LIFEGREEN BUSINESS SIMPLE CHECKING
 May 29, 2019 through May 31, 2019

SUMMARY

Beginning Balance	\$0.00	Minimum Balance	\$161
Deposits & Credits	\$566.05 +	Average Balance	\$253
Withdrawals	\$382.45 -		
Fees	\$0.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$183.60		

DEPOSITS & CREDITS

05/29	Deposit - Thank You	416.05
05/31	Deposit - Thank You	150.00
Total Deposits & Credits		\$566.05

WITHDRAWALS

05/30	Card Purchase Penske Trk Lsg 7513 Smyrna	GA 30080 9716	254.07
05/31	PIN Purchase Quiktrip Corpo 5542 Mableton	GA 9716	28.10
05/31	PIN Purchase Quiktrip Corpo 5542 Mableton	GA 9716	68.08
05/31	PIN Purchase Great American 5533 Lithia Springga	9716	32.20
Total Withdrawals			\$382.45

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
05/29	416.05	05/30	161.98	05/31	183.60

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 or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)



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1650 Cumberland Parkway SE
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CLARKES TOWING & TRANSPORTATION
DEBTOR IN POSSESSION
748 SAN FERNANDO DR SE
SMYRNA GA 30080-1438

ACCOUNT #

9193

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ONS

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CLARKES TOWING & TRANSPORTATION
 SERVICES INC
 748 SAN FERNANDO DR SE
 SMYRNA GA 30080-1438

ACCOUNT #

[REDACTED]

Cycle 060
 Enclosures 26
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LIFEGREEN BUSINESS SIMPLE CHECKING

May 1, 2019 through May 31, 2019

SUMMARY

Beginning Balance	\$244.53 -	Minimum Balance	\$330 -
Deposits & Credits	\$2,177.14 +	Average Balance	\$224
Withdrawals	\$1,910.99 -		
Fees	\$108.00 -		
Automatic Transfers	\$0.00 +		
Returned Checks	\$86.38 +		
Checks	\$0.00 -		
Ending Balance	\$0.00		

DEPOSITS & CREDITS

05/02	Merchant Service Merch Dep Clarkes Towing 8033566780	280.00
05/06	Deposit - Thank You	309.58
05/07	Deposit - Thank You	28.25
05/07	Merchant Service Merch Dep Clarkes Towing 8033566780	150.00
05/15	Merchant Service Merch Dep Clarkes Towing 8033566780	288.00
05/17	Deposit - Thank You	500.00
05/22	Merchant Service Merch Dep Clarkes Towing 8033566780	165.00
05/24	Deposit - Thank You	36.31
05/24	Deposit - Thank You	200.00
05/28	ATM Imaged Deposit	80.00
05/28	Merchant Service Merch Dep Clarkes Towing 8033566780	140.00

Total Deposits & Credits **\$2,177.14**

WITHDRAWALS

05/01	Merchant Service Merch Fee Clarkes Towing 8033566780	86.38
05/03	Ladco Leasing Lease Pmt Clarkes Towing 3047247	37.81
05/06	Merchant Service Merch Adj Clarkes Towing 8033566780	20.00
05/06	Merchant Service Merch Adj Clarkes Towing 8033566780	86.38
05/08	PIN Purchase Quiktrip Corpo 5542 Mableton GA 9716	60.02
05/10	Card Purchase Fedex Offic1620 7338 Smyrna GA 30082 9716	1.08
05/13	PIN Purchase Racetrac579 5542 Smyrna GA 9716	40.40
05/13	Card Purchase Popeyes 8806 5814 Stone Mountai GA 30088 9716	8.42
05/14	PIN Purchase Quiktrip Corpo 5542 Mableton GA 9716	63.20

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 SERVICES INC
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ACCOUNT # 9381

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WITHDRAWALS (CONTINUED)

05/14	ATM Withdrawal Regions	Lithia Spring Lithia Spr	GA Rfc03510	9716	100.00
05/16	PIN Purchase Capital Buick	5511 Smyrna	GA	9716	31.14
05/16	PIN Purchase Kroger Fu 4875	5542 Mableton	GA	9716	40.06
05/17	Card Purchase Rjab S Wings	5812 Mableton	GA 30126	9716	13.77
05/20	Card Purchase KFC K076001	5814 Mableton	GA 30126	9716	5.30
05/20	PIN Purchase Kroger Fu 3240	5542 Smyrna	GA	9716	47.01
05/20	Card Purchase Waffle House 01	5812 Lithonia	GA 30058	9716	36.28
05/20	PIN Purchase Quiktrip Corpo	5542 Mableton	GA	9716	46.00
05/21	PIN Purchase Quiktrip Corpo	5541 Mableton	GA	9716	15.40
05/22	Card Purchase Audio Lab of GE	5732 Doraville	GA 30340	9716	45.94
05/22	Card Purchase Jimmy Johns - 1	5814 Decatur	GA 30030	9716	22.19
05/22	PIN Purchase Batteries Plus	5999 Marietta	GA	9716	29.66
05/22	ATM Withdrawal Regions	Smyrna MO Smyrna	GA Rfc02117	9716	440.00
05/22	PIN Purchase Kroger Fu 4875	5542 Mableton	GA	9716	31.00
05/23	Card Purchase KFC K076001	5814 Mableton	GA 30126	9716	41.33
05/23	PIN Purchase Guitar Center	5733 Marietta	GA	9716	33.91
05/24	PIN Purchase Quiktrip Corpo	5542 Mableton	GA	9716	43.00
05/24	PIN Purchase Quiktrip Corpo	5542 Mableton	GA	9716	33.90
05/28	Card Purchase Shell Oil 10010	5541 Decatur	GA 30034	9716	5.36
05/28	PIN Purchase Kroger Fu 3240	5542 Smyrna	GA	9716	30.00
05/29	Closing Withdrawal				416.05
Total Withdrawals					\$1,910.99

FEES

05/02	Returned Item Fee	36.00
05/03	Paid Overdraft Item Fee	36.00
05/24	Paid Overdraft Item Fee	36.00
Total Fees		\$108.00

RETURNED CHECKS

05/02	Credit-Returned Ck#21008834943	86.38
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
05/01	330.91 -	05/13	197.19	05/21	587.03
05/02	0.53 -	05/14	33.99	05/22	183.24
05/03	74.34 -	05/15	321.99	05/23	108.00
05/06	128.86	05/16	250.79	05/24	231.41
05/07	307.11	05/17	737.02	05/28	416.05
05/08	247.09	05/20	602.43	05/29	0.00
05/10	246.01				



Regions Bank
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1650 Cumberland Parkway SE
Smyrna, GA 30080

CLARKES TOWING & TRANSPORTATION
SERVICES INC
748 SAN FERNANDO DR SE
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ACCOUNT #

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Clarke's Towing and Transportation Service, Inc.

Profit & Loss

May 2019

Ordinary Income/ Expense

Income

Gross Trucking Income	2,743.19
Gross Profits	2,743.19

Expense

Diesel Expense	621.53
Meals and Entertainment	221.02
Office Supplies	2.52
Maintenance	172.85
Fees	142.38
Equipment Rental	254.07
Other Debts	540.00
Professional Fees	9,221.00
Total Expenses	11,175.37

Net Ordinary Income	-8432.18
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Last name or policy # **Find Policy**

III/INSURANCEHUB New Business Prospecting **Manage Policies** Products Agency Admin News Support

Policy Payments Documents Process Endorsements

Name:	CLARKE'S TOWING & TRANSPORTATION SERVICES,	Agent:	017J7
Address:	748 San Fernando Dr, Smyrna, GA 30080	Policy:	08462917-1
Phone:	Work: (404) 247-3746	Term:	6/14/2019 - 6/14/2020
Email:	djsammy2007@hotmail.com	Status:	Active, bill sent

Payment Schedule And History

[Have a Question?](#)

Name	Address	Phone
Clarke's To Wing &	748 San Fernando Dr, Smyrna, GA 30080	W:(404)247-3746

Policy	Term	Account Status	EFT	Total Unpaid Balance
08462917-0	12/14/2018 to 06/14/2019	Expired		\$0.00
08462917-1	06/14/2019 to 06/14/2020	Active, bill sent	No	\$29,383.02

Current Bill	Last Payment Received	Renewal Downpayment	Paid in Full Amount
\$10.00 due on 06/23/2019	\$2,960.98 on 06/14/2019	\$0.00	\$29,383.02

Future Payment Schedule

[Make a Payment](#)

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[Print Pay Schedule](#)

Issue Date	Payment Due Date	Amount
6/28/2019	07/14/2019	\$2,949.31
7/29/2019	08/14/2019	\$2,949.31
8/29/2019	09/14/2019	\$2,949.31
9/28/2019	10/14/2019	\$2,949.31
10/29/2019	11/14/2019	\$2,949.31
11/28/2019	12/14/2019	\$2,949.31
12/29/2019	01/14/2020	\$2,949.31
1/29/2020	02/14/2020	\$2,949.31
2/27/2020	03/14/2020	\$2,949.31
3/29/2020	04/14/2020	\$2,949.23

History

Processed Date	Description	Payment Due Date	Amount
6/19/2019	Resume Follow-Up		\$0.00



III/INSURANCEHUB
1720 LAKES PARKWAY
LAWRENCEVILLE, GA 30043
1-770-497-1200

Policy number: 08462917-1

Underwritten by:
PROGRESSIVE MOUNTAIN INSURANCE CO
June 20, 2019
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
CLARKE'S TOWING & 748 SAN FERNANDO DR SMYRNA, GA 30080	CLARKE'S TOWING & TRANSPORTATION SERVICES, 748 SAN FERNANDO DR SMYRNA, GA 30080	III/INSURANCEHUB 1720 LAKES PARKWAY LAWRENCEVILLE, GA 30043

This document is issued as a matter of information only and confers no rights upon the document holder. This document does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein.

Policy Effective Date: Jun 14, 2019

Policy Expiration Date: Jun 14, 2020

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
GENERAL LIABILITY	\$300,000/\$600,000 AGGREGATE
EACH OCCURRENCE	\$300,000
GENERAL AGGREGATE	\$600,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$600,000
PERSONAL & ADVERTISING INJURY	\$300,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
GARAGEKEEPER'S LEGAL LIABILITY LOC# ONE	\$100,000 W/\$500 DED/VEHICLE, \$2,500 AGGREGATE

Description of Location/Vehicles/Special Items

Scheduled autos only

2006 UD UD8 JNAMA80H06AH55080	
UNINSURED/UNDERINSURED - ADDED ON	\$100,000 COMBINED SINGLE LIMIT
UNINSURED MOTORIST PROPERTY DAMAGE - ADDED ON	\$100,000 COMBINED SINGLE LIMIT W/\$1,000 DED
ON-HOOK TOWING LIABILITY	\$100,000 W/\$1,000 DED
1995 UD U23 JNALC20H0SGF50627	
UNINSURED/UNDERINSURED - ADDED ON	\$100,000 COMBINED SINGLE LIMIT
UNINSURED MOTORIST PROPERTY DAMAGE - ADDED ON	\$100,000 COMBINED SINGLE LIMIT W/\$1,000 DED
ON-HOOK TOWING LIABILITY	\$100,000 W/\$1,000 DED

Certificate number

17119NET917



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER InsuranceHub Agency, LLC 1720 Lakes Parkway Lawrenceville GA 30043	CONTACT NAME: Roxana Gherghel PHONE (A/C, No, Ext): (770) 497-1200 FAX (A/C, No): (770) 814-7187 E-MAIL ADDRESS: coi@insurancehub.com														
INSURED Clarke's Towing & Transportation Services 748 San Fernando Dr Smyrna GA 30080	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Progressive Mountain</td> <td>35190</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Progressive Mountain	35190	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 18-19 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			08462917-0	12/14/2018	06/14/2019	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			08462917-0	12/14/2018	06/14/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 100,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						PROPERTY DAMAGE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garagekeepers			08462917-0	12/14/2018	06/14/2019	Limit \$100,000 Ded/veh/aggregate \$500/\$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

*For Insurance Purposes If you need to be shown as certificate holder
 email: coi@insurancehub.com
 or fax info to 770-814-7187

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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